POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION			
O.I.P.E. CLASSIFIER		⁷⁄₃	11-/-/·1
FORMALITY REVIEW	M H	625	01-18-01
RESPONSE FORMALITY REVIEW			

BEST AVAILABLE COPY

INDEX OF CLAIMS

✔ .... Rejected	N .... Non-elected	
= .... Allowed	I .... Interference	
− (Through numeral)... Canceled	A .... Appeal	
÷ .... Restricted	O .... Objected	

Claim							Date				
Final	Original										
1	✔	✔	÷	✔	✔						
2	✔	÷	÷	✔	O						
③	✔	÷	=	=							
4	✔	÷	■	✔							
5	✔	÷	✔	✔							
6	✔	÷	=	=							
7	N										
8	N										
9	N										
10	N										
11	N										
12	N										
13			÷	✔	✔						
14			÷	✔	✔						
15			÷	N	N						
16			÷	N	N						
17			÷	N	N						
18			÷	N	N						
19			÷	✔	✔						
20			÷	✔	✔						
21											
22											
23											
24											
25											
26											
27											
28											
29											
30											
31											
32											
33											
34											
35											
36											
37											
38											
39											
40											
41											
42											
43											
44											
45											
46		−	−								
47											
48											
49											
50											

Claim		Date									
Final	Original										
51											
52											
53											
54											
55											
56											
57											
58											
59											
60											
61											
62											
63											
64											
65											
66											
67											
68											
69											
70											
71											
72											
73											
74											
75											
76											
77											
78											
79											
80											
81											
82											
83											
84											
85											
86											
87											
88											
89											
90											
91											
92											
93											
94											
95											
96											
97											
98											
99											
100											

Claim		Date									
Final	Original										
101											
102											
103											
104											
105											
106											
107											
108											
109											
110											
111											
112											
113											
114											
115											
116											
117											
118											
119											
120											
121											
122											
123											
124											
125											
126											
127											
128											
129											
130											
131											
132											
133											
134											
135											
136											
137											
138											
139											
140											
141											
142											
143											
144											
145											
146											
147											
148											
149											
150											

If more than 150 claims or 10 actions
staple additional sheet here

(LEFT INSIDE)